

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010777

**Entity Name:** TRINITY COUNSELING CENTER, INC.**Current Principal Place of Business:**1540 LITTLE ROAD  
TRINITY, FL 34655**Current Mailing Address:**1540 LITTLE ROAD  
TRINITY, FL 34655**FEI Number:** 85-3160026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASIATICO LAW, LLC  
3030 N. ROCKY POINT DRIVE, SUITE 650  
TAMPA, FL 33607 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name SCOTT, JOHNNY  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR, SECRETARY  
Name CHEN-FUNG, DAN  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title TREASURER  
Name PFENNINGER, ROBERT  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name INNOCENZI, CHURCK  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name KEHOE, TOM  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name RATLIFF, MICHAEL  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name YOUNG, JOHN  
Address 1540 LITTLE ROAD  
City-State-Zip: TRINITY FL 34655

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHNNY SCOTT****PRESIDENT****03/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date